

Fill in this information to identify your case:

Debtor 1	<u>Qynesha</u>	<u>S.</u>	<u>Tolbert</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania</u>		
Case number (if known)	<u>21-12992-amc</u>		

Check if this is:

☐ An amended filing☒ A supplement showing postpetition chapter 13 income as of the following date:
04/14/2024
MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed☐ Employed ☐ Not EmployedCaregiveriCare Home Health LLC251 E Girard Ave

Number Street

Number Street

Philadelphia, PA 19125-3971

City

State

Zip Code

City

State

Zip Code

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2.

\$6,535.14\$0.00

3. **Estimate and list monthly overtime pay.**

3.

+ \$0.00+ \$0.00

4. **Calculate gross income.** Add line 2 + line 3.

4.

\$6,535.14\$0.00

Debtor 1 Qynesha S. Tolbert Case number (if known) 21-12992-amc
 First Name Middle Name Last Name

		For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4.	\$6,535.14	\$0.00
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a.	\$1,041.74	\$0.00
5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c.	\$291.81	\$0.00
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00
5e. Insurance	5e.	\$171.66	\$0.00
5f. Domestic support obligations	5f.	\$0.00	\$0.00
5g. Union dues	5g.	\$0.00	\$0.00
5h. Other deductions. Specify: State tax levy for post-petition income taxes owed.	5h. +	\$295.00	+ \$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$1,800.21	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$4,734.93	\$0.00
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$0.00
8b. Interest and dividends	8b.	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$0.00	\$0.00
8d. Unemployment compensation	8d.	\$0.00	\$0.00
8e. Social Security	8e.	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	\$0.00	\$0.00
8g. Pension or retirement income	8g.	\$0.00	\$0.00
8h. Other monthly income. Specify: Pro rata 2023 federal income tax refund	8h. +	\$470.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$470.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10.	\$5,204.93	\$0.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies	12.		\$5,204.93
Combined monthly income			
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____			

Debtor 1 Qynesha S. Tolbert Case number (if known) 21-12992-amc
First Name Middle Name Last Name

1. Employment information for Debtor 1

Occupation Ramp Agent
Employer's name Piedmont Airlines, Inc.
Employer's address 5443 Airport Terminal Rd
Number Street
Salisbury, MD 21804-1545
City State Zip Code

How long employed there? _____

Occupation Caregiver
Employer's name Trinity Health Mid-Atlantic Medical Group
Employer's address 1201 Langhorne Newtown Rd
Number Street
Langhorne, PA 19047-1201
City State Zip Code

How long employed there? _____

Fill in this information to identify your case:

Debtor 1	<u>Qynesha</u>	<u>S.</u>	<u>Tolbert</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania</u>		
Case number (if known)	<u>21-12992-amc</u>		

Check if this is:

- ☐ An amended filing
- ☒ A supplement showing postpetition chapter 13 expenses as of the following date:
04/14/2024
MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

<u>Child</u>	<u>11</u>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.
_____	_____	<input type="checkbox"/> No. <input type="checkbox"/> Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$1,100.00

If not included in line 4:

4a. Real estate taxes	4a. <u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b. <u>\$0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c. <u>\$125.00</u>
4d. Homeowner's association or condominium dues	4d. <u>\$0.00</u>

Debtor 1 **Qynesha S. Tolbert**
 First Name Middle Name Last Name

Case number (if known) 21-12992-amc

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. \$0.00
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. \$450.00
6b.	Water, sewer, garbage collection	6b. \$90.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$350.00
6d.	Other. Specify: _____	6d. \$0.00
7.	Food and housekeeping supplies	7. \$800.00
8.	Childcare and children's education costs	8. \$0.00
9.	Clothing, laundry, and dry cleaning	9. \$225.00
10.	Personal care products and services	10. \$200.00
11.	Medical and dental expenses	11. \$175.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$550.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$219.00
14.	Charitable contributions and religious donations	14. \$75.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. \$0.00
15b.	Health insurance	15b. \$0.00
15c.	Vehicle insurance	15c. \$200.00
15d.	Other insurance. Specify: _____	15d. \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$0.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. \$415.00
17b.	Car payments for Vehicle 2	17b. \$0.00
17c.	Other. Specify: _____	17c. \$0.00
17d.	Other. Specify: _____	17d. \$0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19. \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. \$0.00
20b.	Real estate taxes	20b. \$0.00
20c.	Property, homeowner's, or renter's insurance	20c. \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d. \$0.00
20e.	Homeowner's association or condominium dues	20e. \$0.00

Debtor 1 Qynesha S. Tolbert
 First Name Middle Name Last Name

Case number (if known) 21-12992-amc

21. **Other.** Specify: _____

21. + _____ \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. _____ \$4,974.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. _____ \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. _____ \$4,974.00

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a. _____ \$5,204.93

23b. Copy your monthly expenses from line 22c above.

23b. - _____ \$4,974.00

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. _____ \$230.93

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.
☐ Yes.

None

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Debtor 1	<u>Qynesha</u>	<u>S.</u>	<u>Tolbert</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	_____	_____	_____
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>Eastern District of Pennsylvania</u>		
Case number (if known)	<u>21-12992-amc</u>		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Qynesha S. Tolbert
Qynesha S. Tolbert, Debtor 1

Date 04/14/2024
MM/ DD/ YYYY